

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 06/22/2012

CAC 17803 6/29/12

Number	Line	Line#	Description	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
00299825	1 I/S Meals & Lodging	1	542200 Employee I/S Meals & L	06101	ADAMS RICH-001		2012 06	0000088967	Adams, R. 6.10-6	200.00
Total For Voucher										200.00

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 6.10-6.12
 Voucher ID: 00299825 Invoice Date: 06/20/2012
 Voucher Style: Regular Total: 200.00

Vendor: ADAMS, RICHARD B *Pay Terms: Pay Now ☐ Schedule Payments ☐
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 200.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 06/20/2012 

Net Due: 06/20/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 6.10-6.12

Voucher ID: 00299825

Invoice Date: 06/20/2012

Voucher Style: Regular

Total: 200.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number:

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2

DATE 6/10/12

AGENCY CODE 66500

VOUCHER NUMBER

00299825

NAME Richard Adams

CAR LICENSE NUMBER GS1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

POST OF DUTY Ruidoso

RESIDENCE Ruidoso

PROPOSED (ADVANCE VOUCHER)

☐

ACTUAL (RECOUPMENT VOUCHER)

☒

DATE TIME SHOW AM OR PM

DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES

ENTER DESTINATION, NATURE, OF OFFICIAL, BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ODOMETER READINGS

ENTER START AND FINISH

NO OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

6/10/12 7:00am

Depart Ruidoso to Albuquerque to attend peer review and Gov. Board meeting overnight

85.00

85.00

30.00

85.00

30.00

6/11/12 7:00pm

Overnight Depart ABQ to Ruidoso partial day per diem-12.0 hrs

85.00

85.00

30.00

85.00

30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

APPROVED RATES

☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DfA Regulations Governing the Per Diem and Mileage Act.

I, Richard Adams

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DfA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE

☒

(1) DfA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

GENERATED BY DOI - ITEMIZED version 1.0.2

LAST MODIFIED ON: 06/07/2012 16:50

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	60001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

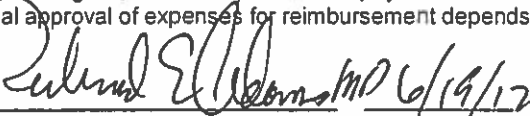
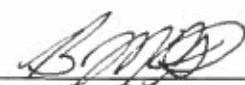
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meetings in Santa Fe and ABQ for Governing Boards			
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	06/08/12	Destination:	ABQ, Santa Fe						
	Departure Date: (month/day/yr)	06/10/12	Time:	07:00	AM	Return Date: (month/day/yr)	6/12/12	Time:	07:00	PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:									

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

516700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	2 @ \$85/day	\$ 170.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 200.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 200.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	 Supervisor/Bureau Chief Signature
Date 6/19/12	Date 6/20/12

Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date